

Corrimal High School

Respect Responsibility Safety



Dear Parents/Carers

CHS OPEN EVENING – THURSDAY 7 March 2019

As part of transition at Corrimal High School, staff will be holding an Open Evening designed to showcase our school to Year 3, 4, 5 and 6 students from the area. We have requested the assistance of your child with the running of this event. Activities will include assisting parents/carers in and out of activity areas, showing parents/carers and their student's different areas of the school grounds, performance and practical tutoring.

DETAILS OF EXCURSION				
Venue	Corrimal High School			
Day/Date	Thursday 7 March 2019			
Times	Start	4:00pm	Finish	7:00pm
What to Wear	CHS uniform			
Transport	Walking			
Supervising Teachers	Transition Team Staff			
Activities	CHS Open Evening Tour			
Cost	NIL			

If you would like any additional information please contact the organising teacher at the school on 4285 1199

If you would like your student to attend,
please complete the attached Consent Form and return by

Tuesday 5 March 2019

Regards

Mr J Foster
Organising Teacher(s)

Mr Paul Roger
Principal

Corrimal High School

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I give permission for my son/daughter _____ of Year ____ to attend the **Excursion** as outlined on the previous page:

CHS OPEN EVENING – THURSDAY 7 MARCH 2019 – Mr J Foster

I have read the information issued and I hereby consent to my child participating in this excursion.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community. This information may include your child's name, age, information collected during this event such as photographs, sound and visual recordings of your child.

The communication in which your child's information may be published or disclosed include but are not limited to:

- Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department's websites.
- Local and metropolitan newspapers and magazines and other media outlets.

Permission to publish: I have read the information about disclosing and publishing student information (above) and

I give permission

I do not give permission

for the Department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

Parent/Carer Name _____

Signature _____

Date _____

Mobile No _____

Please complete the following to assist us to support your child on the excursion. It is important that you provide any information that may be important for us to know given the activities the students will undertake.

Student Mobile Number: _____

Medical Information: List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc)

My child has no medical condition of which the school needs to be aware.

Outline (or attach) the **suggested treatment** for each.

Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions.

Emergency Contact Person _____

Emergency Contact Number _____

Medicare Number _____

Swimming Ability

Not applicable

Strong Average Poor Non-swimmer

Special Dietary Requirements

Not applicable

Possible reaction to inappropriate diet

Suggested treatment
